

**Application for Contingency  
Funds CDFS 1571 (04/16)**

Mail completed applications to:  
California Department of Education  
**Attention: Katherine Shea**  
Child Development Nutrition Fiscal Services  
1430 N Street, Suite 2213  
Sacramento, CA 95814

Contracting Agency Name:											
Contact Person:											
Telephone Number:						Email:					
County		Vendor Code				FY		Contract Number			
						2015/2016	C	A	P	P	

Pursuant to Education Code section 8222.1, the California Department of Education (CDE) shall reallocate funds as necessary to reimburse alternative payment programs (excluding CalWORKs) for actual and allowable costs incurred for additional services. An alternative payment program may apply for reimbursement of up to three (3) percent of the contract amount or for a greater amount subject to the discretion of the department based on availability of funds. Include with your application your most recent alternative payment fiscal report (CDFS 9500 AP), received from the CDE, which shows your current cumulative accrued expenditures to support your request. **No application shall be considered if received after September 30<sup>th</sup> of the current calendar year.**

Maximum Reimbursable Amount (MRA) \_\_\_\_\_

Cumulative Provider Payments \_\_\_\_\_  
(Use a projection if prior to June 30<sup>th</sup> or actual payments if after June 30<sup>th</sup>)

Cumulative Expenditures \_\_\_\_\_  
(Use a projection if prior to June 30<sup>th</sup> or actual expenditures if after June 30<sup>th</sup>)

Total Amount Requested \_\_\_\_\_  
(Include amount in excess of three (3) percent if applicable)

If you have any questions regarding this application, please contact Katherine Shea at (916) 324-6611, or by e-mail to [kshea@cde.ca.gov](mailto:kshea@cde.ca.gov).

I hereby certify that to the best of my knowledge and belief, the information contained in this application is true and correct. I have included my most recent alternative payment fiscal report (CDFS 9500 AP), received from the CDE, which shows the current cumulative accrued expenditures in excess of my contract's MRA to support this request. I understand that my agency will be billed for any amount of contingency funds received if the request is not substantiated by my agency's audit (if applicable). Please note that a billing for contingency fund overpayments is not subject to the appeal process.		
Signature of Executive Officer/Superintendent or Authorized Designee:	Title:	Date:

Please also print your name below your signature.